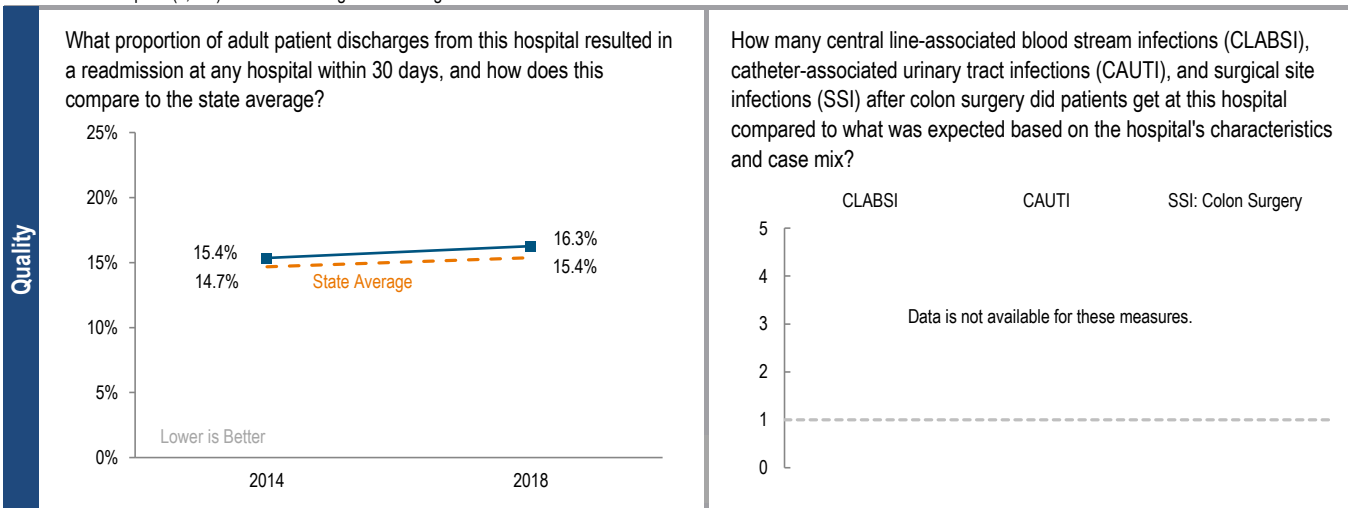
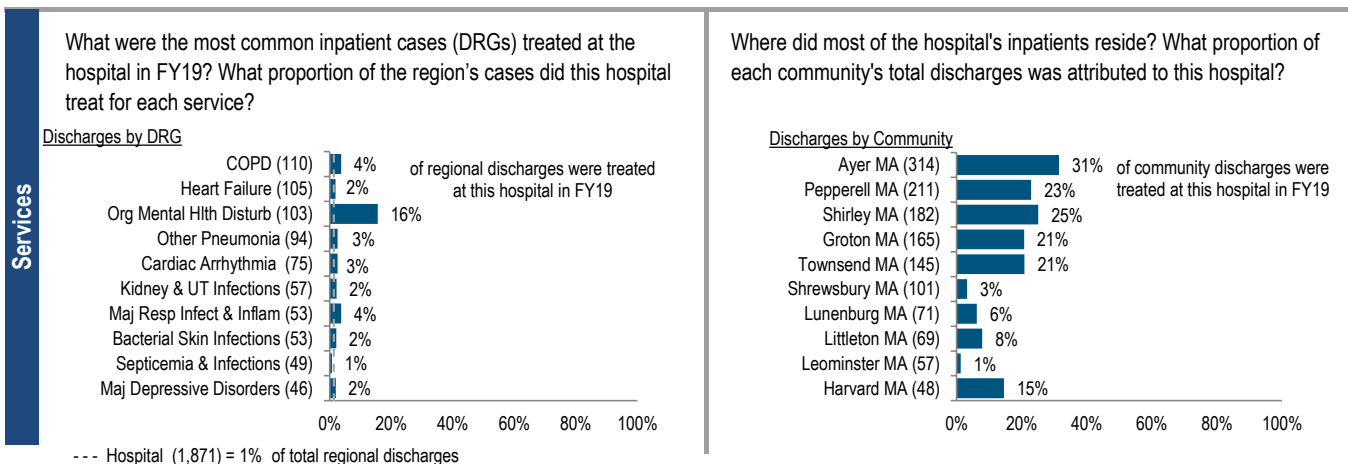


2019 Hospital Profile

Nashoba Valley Medical Center, A Steward Family Hospital is a small, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 6.4% compared to a median decrease of 2.7%. Outpatient visits increased 2.1% for the hospital between FY15 and FY19, matching the median increase for its peer cohort. The hospital reported a loss for the third year in the row in FY19, losing \$0.6M and reporting a total margin of -1.0%, compared to its peer cohort median of 3.3%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care System
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	39, among the smaller acute hospitals
	% Occupancy:	79.8%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, < cohort avg. (0.96); < statewide (1.16)
	Financial	
	Inpatient NPSR per CMAD:	\$11,346
	Change FY18-FY19:	1.6%
	Inpatient:Outpatient Revenue in FY19:	26%:74%
	Outpatient Revenue in FY19:	\$37,457,953
	Change FY18-FY19:	5.5%
	Total Revenue in FY19:	\$58,098,334
	Total Surplus (Deficit) in FY19:	-\$556,907
	Payer Mix	
	Public Payer Mix:	66.4% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	Utilization	
	Inpatient Discharges in FY19:	1,871
	Change FY18-FY19:	-7.0%
	Emergency Department Visits in FY19:	14,279
	Change FY18-FY19:	-1.6%
	Outpatient Visits in FY19:	48,957
	Change FY18-FY19:	-5.2%
	Quality	
	Readmission Rate in FY18:	16.3%
	Change FY14-FY18 (percentage points):	0.9
	Early Elective Deliveries Rate:	Not Applicable



2019 HOSPITAL PROFILE: NASHOBA VALLEY MEDICAL CENTER, A STEWARD FAMILY HOSPITAL

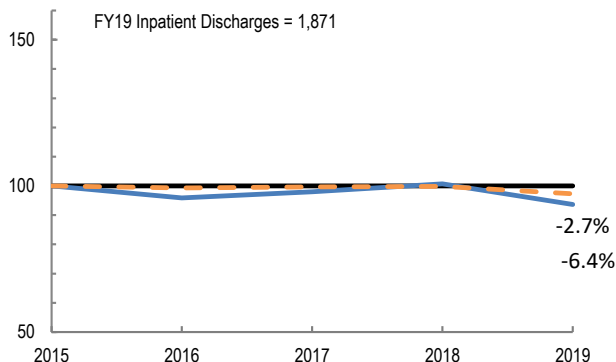
Cohort: Community-High Public Payer Hospital

Key:

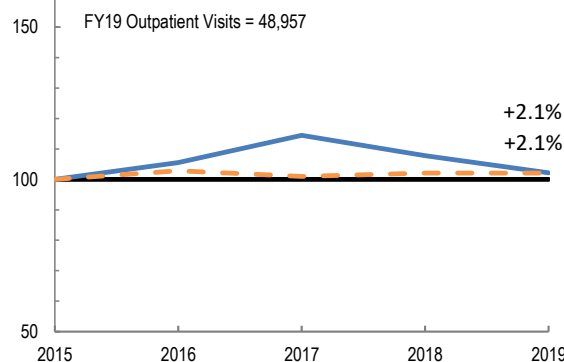


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

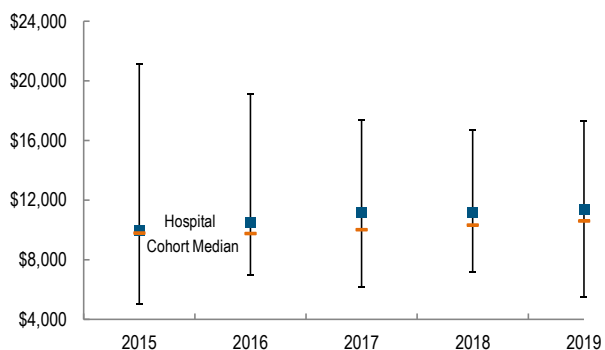


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

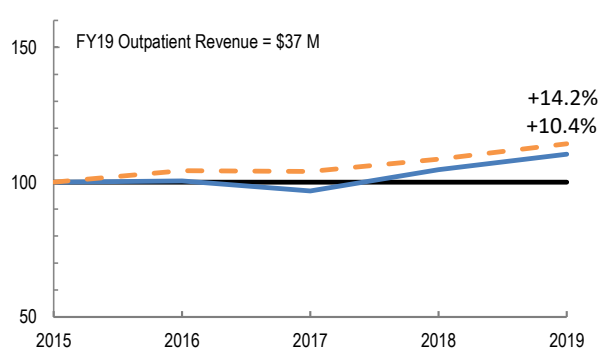


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



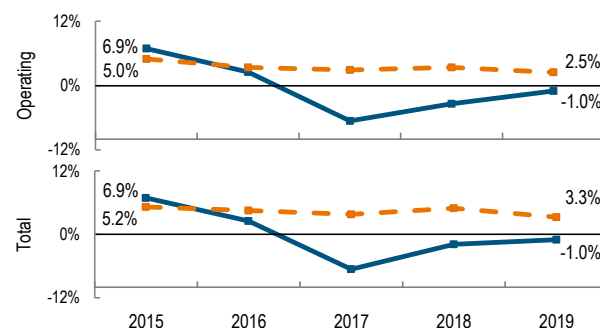
Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
Operating Revenue	\$ 51.9	\$ 53.2	\$ 54.7	\$ 57.7	\$ 58.1
Non-Operating Revenue	\$ 0.0	\$ (0.0)	\$ 0.0	\$ 0.9	\$ 0.0
Total Revenue	\$ 51.9	\$ 53.2	\$ 54.7	\$ 58.6	\$ 58.1
Total Costs	\$ 48.3	\$ 51.9	\$ 58.3	\$ 59.7	\$ 58.7
Total Profit (Loss)	\$ 3.6	\$ 1.3	\$ (3.6)	\$ (1.1)	\$ (0.6)

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.